

# Health Department, City of Baltimore.

Permit No.

98672

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 17, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth M. Bonas

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

84

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Widow

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Harford Co. Md.

Duration of Residence in the City of Baltimore,

34 yrs.

Place of Death,

{ Give Street and Number. }

907 Eden St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cerebral Apoplexy  
Paralysis

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Black horse Harford Co. Md.

Date of Burial,

March 18, 1887

{ Undertaker,

Wm. H. Hickman.

Geo. A. Hartman M. D.

Medical Attendant.

{ Place of Business,

2341 Gay

Address,

305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4592 (over)



# Health Department, City of Baltimore.

Permit No. 98673 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, March 17th 1889

Full Name of Deceased, Gary Wightman (Write legibly and spell correctly. If an infant not named, give names of parents.)

Sex, Male or Female (Cross out the word not required in this line.)

Age, 36 3 6 Years, Months, Days.

Color, white

Married, Single, Widow or Widower (Cross out the words not required in this line.)

Occupation, Business

Birth Place, Italy (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, in birth

Place of Death, 275 Muscher (Give Street and Number.)

Cause of Death, Pneumonia (First (Primary), Second (Immediate),)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 19th 1889

Undertaker, J. J. Andrews M. D.

Place of Business, 1000 Druid Hall Address, St. V. Hayes

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98674 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Gallagher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, 3 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 924 Semour St

Cause of Death, { First (Primary), Second (Immediate), } Cold  
Phthisis Pulmonalis

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, Mar 20th

Undertaker, J. J. Cowan

Place of Business, 201 Hollins

Medical Attendant, J. E. Claggett M. D.  
36 S. E. E. E. E.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98875

Office of Registrar of Vital Statistics.

Ward 154

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17th - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Graham

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 Years, 4 Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give Street and Number. } 106 Welcome alley

Cause of Death, { First (Primary), Second (Immediate), } Cancer of vagina

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co

Date of Burial, March 19 1887

Undertaker, Hercules Ross

Place of Business, 704 Carroll St

Medical Attendant, Wm P. Chunn M. D.

Address, 1023 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4593 Evans



# Health Department, City of Baltimore.

Permit No. 9867

Office of Registrar of Vital Statistics.

Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17<sup>th</sup>

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sophia Frederika Schweigmann

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, 62 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. Married ✓

Occupation, Housewife

Birth Place, State or country, and how long in the United States, if of foreign birth. Linen. Westphalen Germany

Duration of Residence in the City of Baltimore, —

Place of Death, Give Street and Number. 130 Gough St.

Cause of Death, First (Primary), Mitral Regurgitation Heart.  
Second (Immediate), Exhaustion. Coma.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathew's Church Cemetery

Date of Burial, March 20<sup>th</sup> 1887

Undertaker, Walter Frey J. B. Saunders M. D. Medical Attendant.

Place of Business, 91 Eastern Ave. Address, 819 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



Health Department, City of Baltimore.

Permit No. 98677.

Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louise Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 Years, 2 Months, Days

Color, Brown Skin

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD

Duration of Residence in the City of Baltimore, Dwellings

Place of Death, { Give Street and Number. } No 1231 Jefferson St

Cause of Death, { First (Primary), Cerebral Hemorrhage  
Second (Immediate), Coma

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18th 1889

{ Undertaker, Saml W. Chase } Whitely Winsey M. D. Medical Attendant.

{ Place of Business, 641 S. Howard St } Address, 1230 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Permit No. 98678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th, 1887, 5 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elena C. Jordan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Sixty two Years, Months, Days.

Color, white Sex, ✓

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 1901 E. Pratt

Cause of Death, { First (Primary,) Operated on for Cancer of right breast. Second (Immediate,) Cancerous chcekix - ulcerated mucous membranes, diarrhoea etc

Duration of Last Sickness, about 2 months, but not well for some years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W.R. Way M. D. Medical Attendant.

Date of Burial, March 19th

{ Undertaker, G. France Address 414 S. Patterson Park

{ Place of Business, Banks & Wolferts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98679

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar. 17th, 1887.  
Full Name of Deceased, Catharine Johnson.  
Sex, Male or Female, Female.  
Age, 50 Years, Months, Days.  
Color, Colored.  
Married, Single, Widow or Widower, Single.  
Occupation, Cook.  
Birth Place, Pennsylvania.  
Duration of Residence in the City of Baltimore, 30 years -  
Place of Death, 346 Rose St.  
Cause of Death, Uterine Carcinoma.  
First (Primary), Exhaustion.  
Second (Immediate),  
Duration of Last Sickness, At least 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Mary F. Cemetery.  
Date of Burial, March 21st, 1887.  
Undertaker, Saml W. Chase.  
Medical Attendant, Eldridge C. Price, M. D.  
Place of Business, 418 Howard St. Office 953 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98680 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17 1884

Full Name of Deceased, Caroline Brown

Sex, Male or Female, Female

Age, 65 Years, 0 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Balto

Duration of Residence in the City of Baltimore, 86

Place of Death, 86 Church St

Cause of Death, Apoplexy  
Paralysis

Duration of Last Sickness, 0

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 21 1884

Undertaker, Saml W. Chase

Place of Business, 41 S. Howard St Address, 617 Sharp St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98681 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mother - Louisa Smith  
Father -

Sex, Male or Female, { Cross out the word not required in this line. } Female,

Age,        Years,        Months, 4 Days.

Color, White,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single.

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Katemite, 1134 115 W. Lombard St,

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } Katemite 1134 115 W. Lombard St,

Cause of Death, { First (Primary), Second (Immediate), } Brachitis,  
Asphyxia,

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Reserved for

Date of Burial, Anatomical

{ Undertaker, funerals, } L. F. Conklin M. D.

{ Place of Business,        } Address, 1134 115 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]